٠								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								10751174					
											19		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR		R THAN ENTITY	
TO	OTAL CLAIMS		17		•	-		RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 385.0	00 OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			17 minus 20=		*	0		X\$ 9=	:	OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 = ") .	-	X43=		OR	X86=		
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT .					+145=		OR			
* If the difference in column 1 is less than zero, enter "0" in column 2							٠ [TOTAL		OR		770	
CLAIMS AS AMENDED - PART II											OTHER		
	(Column 1) (Column 2) (Column 3)							SMAL	L ENTITY	OR	SMALL		
AMENDMENT A	10/28/09	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI TIONA FEE		RATE	ADDI- TIONAL FEE	
	Total	* /7	Minus	#-20	<u> ク</u>	=		X\$ 9=		OR	X\$18=	1	
AME	Independent	NTATION OF MI	Minus			= /		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
								TOTA	-	OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)								DDIT. FE	=		AUUII. FEE		
_		CLAIMS		HIGHE	ST		Г		ADDI	7		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONA		RATE	TIONAL	
	Total	•	Minus	** .		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=	1	OR	X86=	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									-100		,	
								+145=		OR	+290=		
TOTAL ADDIT, FEE										OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
a	`	CLAIMS REMAINING		HIGHE	ST		lF	T	ADDI-	7		ADDI-	
NT		AFTER AMENDMENT		PREVIO	USLY .	PRESENT EXTRA		RATE			RATE	TIONAL	
AMENDMENT C	Total		Minus	**	<u> </u>	=		X\$ 9=	, ree	OR	X\$18=	FEE	
	Independent	+	Minus	***		e	-		 	┨			
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X43=	ļ	OR	X86=		
+145= OR +290=													
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. F										OR	TOTAL ADDIT. FEE		
		mber Previously Pa ber Previously Paid											
	g	, , , , , , , , , , , , , , , , , , ,	, . ,			J			, ,				